

IDRX 18 -  
Smith Listserv Emails  
(NCVOE000003490)  
(Public document)

Message

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**From:** Riley Smith (he/him) [PII]  
**Sent:** 2/26/2024 12:29:01 PM  
**To:** Riley Smith [PII]  
**Subject:** Fwd: [External] Re: [Non-Responsive] GAH therapy for minors in North Carolina

----- Forwarded message -----

**From:** [PII]  
**Date:** Friday, November 10, 2023 at 6:41:45 AM UTC-5  
**Subject:** Re: [External] Re: [Non-Responsive] GAH therapy for minors in North Carolina  
**To:** [Non-Responsive]

# Non-Responsive

[PII]

Sent from my iPhone

On Nov 9, 2023, at 9:42 PM, [PII] wrote:

# Non-Responsive

With warmth and gratitude,

**PII**

On Thu, Nov 9, 2023 at 20:45 **PII** wrote:

**Non-Responsive**

**PII**

From: **Non-Responsive** on behalf of **PII**  
Sent: Thursday, November 9, 2023 11:32 AM  
To: **Non-Responsive**  
Subject: [External] Re: **Non-Responsive** SAH therapy for minors in North Carolina

**Non-Responsive**

On Thu, Nov 9, 2023 at 10:10 AM **PII** wrote:

**Non-Responsive**

# Non-Responsive

Non-Responsive

PII

Sincerely,

PII

PII

PII

On Thu, Nov 9, 2023 at 6:35 AM Riley Smith (he/him) <PII> wrote:

I'm at UNC and per guidance from our legal department are interpreting 808 to mean that a patient has to have started on a medication (either blockers or hormones) prior to Aug 1 in order to continue. So, the patient you describe would not be able to start blockers at our institution. I have heard of other institutions who are taking a more liberal interpretation of "initiated a course of treatment prior to Aug 1," which is the wording of the law. A very reasonable argument could be made that when this pre-pubertal patient established care with you in June, a course of treatment was initiated with the course being: social and psychological support and monitoring for onset of puberty --> initiating puberty blockers once Tanner 2 if consistent with patient and family's goals (even if that happens to be after Aug 1).

The NC Medical Board is who is tasked with enforcing 808, so ultimately interpretation of "course of treatment" would be up to them. That would have to involve someone with specific information about a patient filing a complaint against you to the board, the board investigating the case, and then making a ruling on whether or not the law was violated, which depends entirely on interpretation of a "course of treatment." 11 of the 13 members of the medical board were appointed by Gov Cooper, and per publicly available court filings the board recently took "no position" on the lawsuit against them regarding 808.

Ultimately this comes down to risk tolerance. I echo PII sentiment that we have a moral, ethical, and professional obligation to provide evidence based, non-discriminatory care to our patients. As a trans person who is also the primary earner in my family, I have personally chosen to abide by my institutions legal advice while also suing the NC medical board, medicaid, and legislature (I am the physician plaintiff in *Voe v. Mansfield*). I would encourage you (and all of us providing care in this immensely challenging landscape)

to reflect on our positions of privilege and power, the oaths we took as health professionals, and our responsibility to our patients first and foremost. Over the past few months I have found myself constantly reminding (cis) colleagues that trans people face threats of violence (and actual violence), discrimination, harassment, job loss, etc. every single day and do not have the privilege to say "oh I guess I just wont do xyz because it's hard/risky/I'm scared/etc.)"

For alternative options for care, I have been referring folks to the campaign for southern equality which has an internal referral network to connect patients with out-of-state care, including some funds available to assist with cost. I think most are going to Virginia or South Carolina, though I believe some of the large health systems in SC have stopped providing gender affirming care.

In solidarity,  
Riley

\*\*obvious disclaimer that I am not a lawyer, this is not legal advice, these views are my own and do not represent the views of my institution, etc.\*\*

On Tuesday, November 7, 2023 at 9:54:00 PM UTC-5: [PII] wrote:

# Non-Responsive

Best,

[PII]

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# PII

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from your computer system. Thank you.

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On Thu, Nov 2, 2023 at 7:36 PM [REDACTED] PII wrote:

**Non-Responsive**

[REDACTED] PII

Sent from my iPhone

On Nov 2, 2023, at 1:20 PM [REDACTED] PII wrote:

**Non-Responsive**

[Get Outlook for Android](#)

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**From:** [REDACTED] Non-Responsive [REDACTED] PII  
[REDACTED] PII  
**Sent:** Thursday, November 2, 2023 1:24:02 PM  
**To:** [REDACTED] Non-Responsive  
**Subject:** [REDACTED] Non-Responsive GAH therapy for minors in North Carolina

**Non-Responsive**

# Non-Responsive

# Non-Responsive

Sincerely,

# Non-Responsive



**PII**

On Thu, Nov 2, 2023 at 9:20 AM [Redacted] PII wrote:

Hello all,

**Non-Responsive**

**PII**

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Security & Confidentiality: Please help keep this list secure by posting only anonymous cases and not copying or forwarding posts without first deleting identifying information. New members must be referred by an existing member by emailing [Redacted] Non-Responsive

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